



State of California

Secretary of State

FILE NO. _____

NOTICE OF A JOINT POWERS AGREEMENT

(Government Code section 6503.5)

Instructions:

1. Complete and mail to: Secretary of State, P.O. Box 942877, Sacramento, CA 94277-0001.
2. Include filing fee of \$1.00.
3. Do not include attachments, unless otherwise specified.
4. A copy of the full text of the joint powers agreement and amendments, if any, must be submitted to the State Controller's office. For address information, contact the State Controller's office at www.sco.ca.gov.

(Office Use Only)

Name of the agency or entity created under the agreement and responsible for the administration of the agreement:

Agency's or Entity's Mailing Address: _____

Title of the agreement: _____

The public agencies party to the agreement are (if more space is needed, continue on a separate sheet and attach it to this form):

(1) _____

(2) _____

(3) _____

Effective date of the agreement: _____

Provide a condensed statement of the agreement's purpose or the powers to be exercised: _____

RETURN ACKNOWLEDGMENT TO: (Type or Print)

NAME

[

]

Date

ADDRESS

Signature

CITY/STATE/ZIP

[

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Typed Name and Title